Edgar Filing: COMMERCE BANCSHARES INC /MO/ - Form 4

COMMERCE BANCSHARES INC /MO/

Form 4 June 28, 2005

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

information contained in this form are not

required to respond unless the form

January 31, Expires: 2005

3235-0287

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

BARTH KEVIN G			Symbol COMMERCE BANCSHARES INC /MO/ [CBSH]					Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					Director 10% Owner Notice (give title Other (specify				
1000 WALNUT ST., 7TH FLOOR			(Month/Day/Year) 06/28/2005					X Officer (give title Other (specify below) Senior Vice President				
(Street)				4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person						
KANSAS (CITY, MO 641	06						Form filed by Person	More than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-	Derivativo	Secui	rities Acq	uired, Disposed o	of, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution (Month/Day/Year) any		emed on Date, if 'Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	' Amoun	or t (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	06/28/2005			A	26	A	\$ 49.63	5,551	I	Exec Comp Plan		
Common Stock								20,085	D			
Common Stock								9,284	I	401K		
Reminder: Ren	oort on a separate	line for each of	class of secu	rities bene	ficially ow	ned di	rectly or i	ndirectly.				
	1				_		•	ond to the collec	ction of S	EC 1474		

(9-02)

Edgar Filing: COMMERCE BANCSHARES INC /MO/ - Form 4

displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	2.	3. Transaction Date		4. T	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
	Conversion	(Month/Day/Year)		Transaction		*		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	•		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	Ť				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIIsti
					4, and 5)						
									Amount		
						D-4-	Eiti		or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BARTH KEVIN G 1000 WALNUT ST., 7TH FLOOR KANSAS CITY, MO 64106

Senior Vice President

Signatures

By: Jeffery D. Aberdeen For: Kevin G.

Barth

06/28/2005

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2